

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-5505	OH-2 OH-3	Lebanon Police	0830300	ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/>	SOLVED <input type="checkbox"/> UNSOLVED <input type="checkbox"/>	
IN COUNTY OF WARREN		IN CITY LEBANON		DATE OF CRASH: 03/30/14	DAY SUN	TIME: MILITARY 1608	
CRASH OCCURRED ON 1425 Columbus Ave.				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION MILES 800 FEET W N E OF Miller Rd.				CITY CODE 8303			
LOG-1	LOG-2	LOC	JUR	FH9	FILT		
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Randall, Bruce				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2932 Abby Lane, Lebanon, OH 45036			
PHONE NO. 513-932-0344		BIRTH DATE 12/07/23	AGE 91	SEX M	SOCIAL SECURITY NO. 0386	STATE OH	
OWNER (IF SAME AS DRIVER, WRITE SAME) Randall, Muriel, B		ADDRESS Same		PHONE Saml			
VEH YR 2011	MAKE Toyota	MODEL TK	COLOR Silver	STYLE TK	STATE OH	LICENSE PLATE NO. EF12RL	
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8	UNIT NO. 2	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT Nationwide	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Kirby, Deborah				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 903 Settlement Rd. Lebanon, OH 45036			
PHONE NO. 513-932-4505		BIRTH DATE 10/18/52	AGE 61	SEX F	SOCIAL SECURITY NO. 9738	STATE OH	
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS		PHONE			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION		
		ADDRESS	PHONE	SEX	A B C D E F		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	A B C D E F		
		ADDRESS	PHONE	SEX			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	A B C D E F		
		ADDRESS	PHONE	SEX			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	A B C D E F		
		ADDRESS	PHONE	SEX			
INJURED TAKEN TO By				A B C D E F			
INJURED TAKEN TO By				A B C D E F			
OFFENSE CHARGED AND DESCRIPTION				RESTRAINTS			
OFFENSE CHARGED AND DESCRIPTION				EJECTION			
RECEIVED CALL 1608				A B C D E F			
DISPATCHED 1609				A B C D E F			
ARRIVED 1617				A B C D E F			
CLEARED 1622				A B C D E F			
OTHER TIME 00:00				A B C D E F			
TOTAL MINUTES 00:24				A B C D E F			
DATE REPORT FILED 03/30/14				A B C D E F			
PHOTOS YES NO				A B C D E F			
OFFICER'S NAME DKURILKO				A B C D E F			
BADGE NO. 115				A B C D E F			
CHECKED BY				A B C D E F			
I NOT EJECTED				A B C D E F			
I PARTIAL				A B C D E F			
I TOTAL				A B C D E F			
I TRAPPED INSIDE VEHICLE				A B C D E F			
I NO ALCOHOL DETECTED				A B C D E F			
I HBD ABILITY IMPAIRED				A B C D E F			
I 3-HBD ABILITY NOT IMPAIRED				A B C D E F			
I 4-HBD ABILITY UNKNOWN				A B C D E F			
I NO DRUGS DETECTED				A B C D E F			
I USING PRESCRIBED DRUG				A B C D E F			
I USING ILLICIT DRUG				A B C D E F			

LOCAL FILE NO.

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION